



# Incident Report

**Print Date/Time:** 11/28/2016 14:32  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00023138

**Incident Date/Time:** 11/20/2016 4:57:00 PM  
**Location:** WA  
**Phone Number:**  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Everett  
**Source:** Officer-Initiated  
**Priority:** 3F  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0136-Shein

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	HAYTER, KYLEE NICOLE	504 CEDAR CT Granite Falls WA 982528711	(425) 232-6707		Female	02/06/1998

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2006	Saturn	ION		BBM6813	WA

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

11/20/2016 : 17:28:50 ss0136 Narrative: RO enroute to hospital via aid

11/20/2016 : 17:22:05 sp0355 Narrative: 1 GRN PT

11/20/2016 : 17:04:12 SP0425 Narrative: SR 204 ONRAMP

11/20/2016 : 17:02:57 sp0355 Narrative: BETTER IDEA WHERE PD IS. REALLY DETERMINES FIRE JURISDICTION

11/20/2016 : 17:02:00 SP0348 Narrative: AID GUESSED LOC

11/20/2016 : 17:01:17 SP0348 Narrative: OR JUST EB OR WB?

11/20/2016 : 17:00:20 SP0348 Narrative: NEED A VERIFIED LOCATION

11/20/2016 : 16:58:09 SP0425 Narrative: AID UNK INJ

11/20/2016 : 16:57:38 SP0425 Narrative: BBM6813

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E610823**CASE # **2016-00023138**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**01**OBJECT  
STRUCK**CONCRETE/JERSEY BARRIER**TRIBAL  
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	<b>11</b>	<b>20</b>	<b>2016</b>	<b>1657</b>	<b>31</b>	<b>00</b>	<b>10</b>	N <input type="checkbox"/> S <input checked="" type="checkbox"/>	E <input type="checkbox"/> W <input checked="" type="checkbox"/>	IN <input type="checkbox"/> OF <input checked="" type="checkbox"/>	<b>0664</b>

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**SR 2**BLOCK NO. ☒**6900**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

DISTANCE	<b>1</b>	<b>00</b>	MILES	N <input type="checkbox"/> S <input checked="" type="checkbox"/>	E <input type="checkbox"/> W <input checked="" type="checkbox"/>	<b>SR 204</b>
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UNIT 01

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

**D: 4252326707**

LAST NAME

**HAYTER**

FIRST NAME

**KYLEE**MIDDLE  
INITIAL**N**STREET  
NEW ADDRESS**504 CEDAR CT**

CITY

**GRANITE FALLS**

ST

**WA**

ZIP

**982528711**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**HAYTEKN025CF**

STATE

**WA**

SEX

**F**D.O.B.  
MMDDYYYY**02****06****1998**ON DUTY ☐

STATUS

AIRBAG

**3**

RESTR.

**4**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**7**

NATURE OF INJURIES

**NECK PAIN, BRUISES FRM BELT**LICENSE  
PLATE #**BBM6813**

STATE

**WA**

VIN#

**1G8AJ55F16Z207135**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2006**

MAKE

**STRN**

MODEL

**ION4D**

STYLE

**SD**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

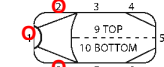
LIABILITY INSURANCE  
IN EFFECT☒INSURANCE CO  
& POLICY #**THE GENERAL 2977310**VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE☐PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐

DAMAGE THRESHOLD MET

YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYY**02****06****1998**ON DUTY ☐

STATUS

AIRBAG

**3**

RESTR.

**4**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**7**

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2006**

MAKE

**STRN**

MODEL

**ION4D**

STYLE

**SD**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

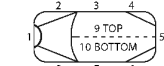
LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #**THE GENERAL 2977310**VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**G. SHEIN**

BADGE OR ID #

**0136**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E610823**CASE # **2016-00023138**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

On 11/20/2016 at approximately 1657 hours I, Officer Shein (SS0136) of the Lake Stevens Police Department was on routine patrol in a fully marked patrol vehicle equipped with lights and sirens wearing full duty uniform with shoulder patches and a badge.

UNIT 1 was traveling northeast on a SR 2 / SR 204 interchange ramp when driver lost control of vehicle. Vehicle struck cement barrier. No damage to barrier observed. Driver of UNIT 1 had bruising from seat belt, and neck pain. Airbag deployed. Driver of UNIT 1 was transported to the hospital.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gleb Shein #136  
Officer

11/21/2016  
Date

Lake Stevens, WA  
Location Signed

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. SHEIN**
**11-21-16 10:42 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**11/22/2016 3:59:35 AM**

BADGE OR ID #	<b>0136</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:57 PM</b>	TIME POLICE ARRIVED	<b>4:57 PM</b>
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REPORT NO. E610823

CASE # 2016-00023138

DATE AND TIME  
OF COLLISION 11/20/16 16:57

